

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P96000092693 (6)

1. Corporation Name
ISLANDER SPORT FISHING, INC.

Principal Place of Business
1970 MICHIGAN AVENUE BLDG. E
COCOA FL 32922

Mailing Address
1970 MICHIGAN AVENUE BLDG. E
COCOA FL 32922-5723



3. Date Incorporated or Qualified
11/07/1996

3a. Date of Last Report

4. FEI Number
59-3415806

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Sebastian River Marina
Suite, Apt. #, etc.

22 8525 U.S. Hwy. #1
City & State

23 Sebastian, FL

24 32976
Zip

25 Brevard
Country

2a. Mailing Address

26 4270 Overhill Dr.
Suite, Apt. #, etc.

27
City & State

28 Merritt Island, FL

29 32952
Zip

30 Brevard
Country

9. Name and Address of Current Registered Agent

OLNEY, PATRICIA K
PATRICIA K. OLNEY, P.A.
1970 MICHIGAN AVE. BLDG. E
COCOA FL 32922

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME OHRT, CHESTER
STREET ADDRESS POST OFFICE BOX 488
CITY-ST-ZIP GRANT FL 32949

TITLE STD
NAME MANN, BERNARD S
STREET ADDRESS 4270 OVERHILL DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernard S Mann 4-25-97 402.452-3093

CR2E034 (9/96)